

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Karine Karadjian, Bar No. 283656 Karine Karadjian, PC 14640 Victory Blvd. #221 Van Nuys, CA 91411 Tel: (323) 426-8300 Fax: (323) 454-2933 karine@kelawfirm.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: Amy Lynne Blalock	CASE NO.: CHAPTER: 7
	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]
Debtor(s).	[No hearing Required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☒ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 04/02/2024

Amy Lynne Blalock

Printed name of Debtor 1

Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____ Printed name of Debtor 2 _____ Signature of Debtor 2 _____